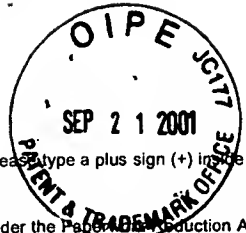


JC903 U.S. PTO
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9200/2786
PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL 3661

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	Q66332
	First Named Inventor	Dong-seek PARK, et al.
	Original Patent Number	5,954,839
	Original Patent Issue Date (Month/Day/Year)	9/21/1999
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies

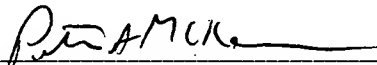
18. CORRESPONDENCE ADDRESS
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Country		Telephone	

NAME (Print/Type)	Peter A. McKenna	Registration No. (Attorney/Agent)	
Signature	<i>Peter A. McKenna</i>	Date	9/21/2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) Q66332		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 17	**** 3 =	x \$ _____ =		or	x \$ 18. = 54.00	
(C) 6	Independent claims (37 CFR 1.16(i))	(D) 9	* 3 =	x \$ _____ =			x \$ 80 = 240.00	
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 710.00	
Total Filing Fee					\$ _____	OR	\$ 1,004.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ _____	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>19-4880</u> in the amount of <u>\$1,004.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>September 21, 2001 _____ Date</p> <div style="text-align: right;">  Signature of Applicant, Attorney or Agent of Record Peter A. McKenna, Reg. No. 38,551 _____ Typed or printed name </div>								

United States Patent & Trademark Office

Office of Initial Patent Examination

Application papers not suitable for publication

SN 09996086

Mail Date 09/21/01

- ☐ Non-English Specification
- ☐ Specification contains drawing(s) on page(s) _____ or table(s) _____
- ☐ Landscape orientation of text ☐ Specification ☐ Claims ☐ Abstract
- ☐ Handwritten ☐ Specification ☐ Claims ☐ Abstract
- ☐ More than one column ☐ Specification ☐ Claims ☐ Abstract
- ☐ Improper line spacing ☐ Specification ☐ Claims ☐ Abstract
- ☒ Claims not on separate page(s)
- ☐ Abstract not on separate page(s)
- ☐ Improper paper size -- Must be either A4 (21 cm x 29.7 cm) or 8-1/2"x 11"
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